

Revision: HCFA-AT-84-2 (BERC)
01-84

State/Territory: Illinois

Citation 4.23 Use of Contracts

42 CFR 434.4
48 FR 54013

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 434. All contracts meet the requirements of 42 CFR Part 434.

/ / Not applicable. The State has no such contracts.

42 CFR Part 438

The Medicaid agency has contracts of the types listed in 42 CFR Part 438. All contracts meet the requirements of 42 CFR Part 438. Risk contracts are procured for any managed care organizations that qualify. This risk contract is with (check all that apply):

- ☒ a managed care organization that meets the definition of 1903(m) of the Act and 42 CFR 438.2.
- ☐ a prepaid inpatient health plan that meets the definition of 42 CFR 438.2.
- ☐ a prepaid ambulatory health plan that meets the definition of 42 CFR 438.2.
- ☐ Not applicable.

TN # 03-10
Supersedes TN # 84-2

Effective Date 08/13/03
Approval Date DEC 27 2003

New: HCFA-PM-99-3
JUNE 1999

State: Illinois

Citation

1902(a)(4)(C) of the
Social Security Act
P.L. 105-33

4.29 Conflict of Interest Provisions

The Medicaid agency meets the requirements of Section 1902(a)(4)(C) of the Act concerning the Prohibition against acts, with respect to any activity Under the plan, that is prohibited by section 207 or 208 of title 18, United States Code.

1902(a)(4)(D) of the
Social Security Act
P.L. 105-33
1932(d)(3)
42 CFR 438.58

The Medicaid agency meets the requirements of
1902(a)(4)(D) of the Act concerning the safeguards
against conflicts of interest that are at least as
stringent as the safeguards that apply under section
27 of the Office of Federal Procurement Policy Act
(41 U.S.C. 423).

TN # 03-10
Supersedes TN # _____

Effective Date 08/13/03
Approval Date DEC 22 2003

Revision: HCFA-AT-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: Illinois

Citation

(b) The Medicaid agency meets the requirements of –

1902(p) of the Act

(1) Section 1902(p) of the Act by excluding from participation—

(A) At the State's discretion, any individual or entity for any reason for which the Secretary could exclude the individual or entity from participation in a program under title XVIII in accordance with sections 1128, 1128A, or 1866(b)(2).

42 CFR 438.808

(B) An ~~HMO~~ MCO (as defined in section 1903(m) of the Act), or an entity furnishing services under a waiver approved under section 1915(b)(1) of the Act, that –

(i) Could be excluded under section 1128(b)(8) relating to owners and managing employees who have been convicted of certain crimes or received other sanctions, or

(ii) Has, directly or indirectly, a substantial contractual relationship (as defined by the Secretary) with an individual or entity that is described in section 1128(b)(8)(B) of the Act.

1932(d)(1)
42 CFR 438.610

(2) An MCO, PIHP, PAHP, or PCCM may not have prohibited affiliations with individuals (as defined in 42 CFR 438,610(b)) suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No.12549 or under guidelines implementing Executive Order No. 12549. If the State finds that an MCO, PCCM, PIHP, or PAHP is not in compliance the State will comply with the requirements of 42 CFR 438.610(c)

TN # 03-10
Supersedes TN #: 93-29

Approval Date DEC 22 2003

Effective Date 08/13/03

State: Illinois

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy

(Continued)

42 CFR 435.212 &
1902(e)(2) of the
Act, P.L. 99-272
(section 9517) P.L.
101-508(section
4732)

- [] 3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act, ~~or an entity described in section 1903(m)(2)(B)(iii), (E), or (G) or 1903(m)(6) of the Act, or a Competitive Medical Plan (CMP) with a Medicare contract under section 1876 of the Act or a managed care organization (MCO), or a primary care case management (PCCM) program,~~ but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. ~~The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a).~~ Coverage under this section is limited to HMO MCO or PCCM services and family planning services described in section 1905(a)(4)(C) of the Act.

___ The State elects not to guarantee eligibility.

___ The State elects to guarantee eligibility. The minimum enrollment period is ___ months (not to exceed six).

The State measures the minimum enrollment period from:

- [] The date beginning the period of enrollment in the ~~HMO~~ or other entity MCO or PCCM, without any intervening disenrollment, regardless of Medicaid eligibility.
- [] The date beginning the period of enrollment in the HMO MCO or PCCM as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.
- [] The date beginning the last period of enrollment in the HMO MCO or PCCM as a Medicaid patient (not including periods when payment is made under this section) without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).

*Agency that determines eligibility for coverage.

TN # 03-10
Supersedes TN # 97-14

Effective Date 08/13/03
Approval Date DEC 2 2 2003

State: Illinois

Agency*	Citation(s)	Groups Covered
1903(m)(2)(F) of the Act P.L. 98-369 (section 2364), P.L. 99-272 (section 9517) P.L. 101-508 (section 4732) <u>1932(a)(4) of Act</u>	B.	<u>Optional Groups Other Than Medically Needy</u> (continued) The Medicaid Agency may elect to restrict the disenrollment of Medicaid enrollees of certain Federally qualified HMOs, Competitive Medical Plans (CMPs) with Medicare contracts under section 1876 of the Act, and other organizations described in 42 CFR 434.27(d); <u>MCOs, PIHPs, PAHPs, and PCCMs</u> in accordance with the regulations at 42 CFR 438.56 <u>434.27</u> . This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible. _____ Disenrollment rights are restricted for a period of _____ months (not to exceed 6 <u>12</u> months). During the first <u>three</u> months of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least twice <u>once</u> per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment. _____ No restrictions upon disenrollment rights.
1903(m)(2)(H), 1902(a)(52) of the Act P.L. 101-508 <u>42 CFR 438.56(g)</u>		In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an entity having a contract under section 1903(m) <u>MCO, PIHP, PAHP, or PCCM</u> when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract. _____ The agency elects to reenroll the above individuals who are eligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost. _____ The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

* Agency that determines eligibility for coverage.

TN # 03-10
Supersedes TN # 97-14

Effective Date 08/13/03
Approval Date DEC 22 2003

State/Territory: Illinois

Citation

Sanctions for MCOs and PCCMs

1932(e)
42 CFR 428.726

- (a) The State will monitor for violations that involve the actions and failure to act specified in 42 CFR Part 438 Subpart I and to implement the provisions in 42 CFR 438 Subpart I, in a manner specified below:

The State will send written correspondence to the MCO informing them of intermediate sanctions based on findings congruent with 42 CFR Part 438.700. The type of sanction, as described in 42 CFR Part 438.702, and the monetary penalty provided for in 42 CFR 438.704, if applicable, will also be detailed. All sanctions will be in agreement with the State's current contract with the MCO.

- (b) The State uses the definition below of the threshold that would be met before an MCO is considered to have repeatedly committed violations of section 1903(m) and thus subject to imposition of temporary management:

The State will exercise its option to terminate the contract with an MCO prior to imposing temporary management.

- (c) The State's contracts with MCOs provide that payments provided for under the contract will be denied for new enrollees when, and for so long as, payment for those enrollees is denied by CMS under 42 CFR 438.730(e).

- [] Not applicable; the State does not contract with MCOs, or the State does not choose to impose intermediate sanctions on PCCMs.

TN # 03-10
Supersedes TN # _____

Effective Date 08/13/03
Approval Date 08/13/03